



Board of Optometry

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LACRIMAL IRRIGATION & DILATION PROCEDURE COMPLETION FORM

Pursuant to Business and Professions Code section 3041(e)(6), this form serves as documentation to the board that the California licensed optometrist herein listed has completed all or a portion of ten lacrimal irrigation and dilation procedures. Ten lacrimal irrigation and dilation procedure completions under the supervision of an ophthalmologist(s) are required in order to obtain board approval to legally perform the procedure within the scope of California optometric practice.

This form shall be used by each individual supervising ophthalmologist in documenting the lacrimal irrigation and dilation procedure(s) performed by the optometrist (i.e., Only One Ophthalmologist Per Form). The supervising ophthalmologist shall list the date of the procedure with his/her initials provided in the appropriate spaces.

PROCEDURE
DATE

INITIAL:SUPERVISING
OPHTHALMOLOGIST

[illegible][illegible]

Both the California licensed optometrist and supervising ophthalmologist shall sign below and provide their printed names and state license numbers where appropriate.

I declare under penalty of perjury under the laws of the State of California that the information provided on this form is true and I understand and agree that any misstatements of material facts may be cause for denial of the licensed optometrist's lacrimal irrigation and dilation procedure approval and disciplinary action by the board.

Signed: _____ Signed: _____
(Optometrist) (Ophthalmologist)

Date: _____ **Date:** _____

Print Name: _____ **Print Name:** _____

CA License #: _____ **State (Designate) License #:** _____